SGFI/NATIONAL OPEN

GOVERNMENT OF INDIA UNION TERRITARY OF DAMAN & DIU DEPARTMENT OF SPORTS, DAMAN

| REG | SISTERATION FORM FOR SPORTS/GAMES/CO | - | |
|--|---|--|--|
| Sir, | | Blood | l Group: |
| My | Name may please be Registere | | |
| Coaching/Training/Participation in the Morning | | ng/Evening Session Time | to |
| | and Participation in n & Diu. | | _ to Represent |
| | ief Bio-Data is as under:- | | |
| • | Name : | Date of Rirth: | |
| 1. | (In Block Letters) | Date of birth. | |
| 2. | Father's Name: | Occupation: | |
| 3. | Local Address: | | |
| Д | Mobile No: | Tele Res /Office: | |
| | Name of the School: | | |
| hereb Coach Injurie My So | Father/Mother/G y give consent that my Son/Daughter as ning/Training/Participation es sustained during Coaching/Training/Partici on/Daughter is allergic to agree to Pay Registration Fees/Monthly Fees | named above may be adipation shall be at my own ris (Pl. Write Nil if | mitted for daily k. not applicable). /Guardian _ (Mob.) |
| I Son/Daughter of | | | |
| | y agree to abide by the Rules and Regulationittee of | | ment/Organizing |
| | A/c. No | | |
| | Name & Branch ar Card No | | Block Letters |
| Count | er Signature by Mother/Father/Guardian:- | | |
| Place: Dated | | | |
| Note: | - Please Submit Physical Fitness Certificate d | uly signed by Registered Doc | tor. |
| (Admi | tted/Not-Admitted) | | |
| Seal 8 | s Signature: | | |